

		FOR OHF USE					

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2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0033647

Facility Name: Snyder Village

Address: 1200 East Partridge Metamora 61548
Number City Zip Code

County: Woodford

Telephone Number: (309) 367-4300 Fax # (309) 367-2235

IDPA ID Number: 371194111001

Date of Initial License for Current Owners: 6/30/88

Type of Ownership:

☒ VOLUNTARY, NON-PROFIT
☒ Charitable Corp.
☐ Trust

IRS Exemption Code 501 (C) 3

☐ PROPRIETARY ☐ GOVERNMENTAL
☐ Individual ☐ State
☐ Partnership ☐ County
☐ Corporation ☐ Other
☐ "Sub-S" Corp.
☐ Limited Liability Co.
☐ Trust
☐ Other

In the event there are further questions about this report, please contact:
Name: Michael Kaplan Telephone Number: (312) 634-3400
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/01 to 12/31/01 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date) _____
(Type or Print Name) _____
(Title) _____

Paid Preparer

(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date) _____
(Print Name and Title) _____
(Firm Name & Address) Altschuler, Melvoin and Glasser LLP
One South Wacker Drive, Suite 800, Chicago, IL 60606
(Telephone) (312) 634-3400 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyder Village

0033647 Report Period Beginning: 01/01/01 Ending: 12/31/01

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>105</u>	Skilled (SNF)	<u>105</u>	<u>38,325</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>105</u>	TOTALS	<u>105</u>	<u>38,325</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>8,044</u>	<u>21,212</u>	<u>2,689</u>	<u>31,945</u>	8
9	SNF/PED					9
10	ICF	<u>426</u>	<u>3,913</u>		<u>4,339</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>8,470</u>	<u>25,125</u>	<u>2,689</u>	<u>36,284</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 94.67%

D. How many bed-hold days during this year were paid by Public Aid?

113 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?
YES ☒ NO ☐ Non-allowable costs have been
eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 6/30/1988

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 6/30/1988 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 29 and days of care provided 2,689

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 12/31/01 Fiscal Year: 12/31/01

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Snyder Village # 0033647 Report Period Beginning: 01/01/01 Ending: 12/31/01

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	253,674	7,697	12,568	273,939		273,939	(9,899)	264,040			1
2	Food Purchase		195,676		195,676		195,676	(35,673)	160,003			2
3	Housekeeping	181,551	28,840	1,306	211,697		211,697	(22,624)	189,073			3
4	Laundry	84,421	16,304	610	101,335		101,335		101,335			4
5	Heat and Other Utilities			110,818	110,818		110,818		110,818			5
6	Maintenance	215,818	22,391	36,279	274,488		274,488	(170,141)	104,347			6
7	Other (specify):*											7
8	TOTAL General Services	735,464	270,908	161,581	1,167,953		1,167,953	(238,337)	929,616			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	2,139,148	141,229	305,836	2,586,213		2,586,213	(32,915)	2,553,298			10
10a	Therapy	57,868	1,729	153,458	213,055		213,055		213,055			10a
11	Activities	133,126	6,457	725	140,308		140,308	(49,508)	90,800			11
12	Social Services	69,834	245	935	71,014		71,014		71,014			12
13	Nurse Aide Training	30,419	997	5,940	37,356		37,356		37,356			13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	2,430,395	150,657	466,894	3,047,946		3,047,946	(82,423)	2,965,523			16
	C. General Administration											
17	Administrative	59,100			59,100		59,100	(5,719)	53,381			17
18	Directors Fees											18
19	Professional Services			42,995	42,995		42,995	150	43,145			19
20	Dues, Fees, Subscriptions & Promotions			21,772	21,772		21,772		21,772			20
21	Clerical & General Office Expenses	126,765	11,033	50,845	188,643		188,643	(19,643)	169,000			21
22	Employee Benefits & Payroll Taxes			794,578	794,578		794,578	(54,731)	739,847			22
23	Inservice Training & Education			2,660	2,660		2,660		2,660			23
24	Travel and Seminar			8,194	8,194		8,194	(478)	7,716			24
25	Other Admin. Staff Transportation			4,881	4,881		4,881		4,881			25
26	Insurance-Prop.Liab.Malpractice			28,849	28,849		28,849		28,849			26
27	Other (specify):*											27
28	TOTAL General Administration	185,865	11,033	954,774	1,151,672		1,151,672	(80,421)	1,071,251			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,351,724	432,598	1,583,249	5,367,571		5,367,571	(401,181)	4,966,390			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7**	8			
30	Depreciation			199,496	199,496		199,496	(4,312)	195,184			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			157,949	157,949		157,949	(23,504)	134,445			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			750	750		750		750			35
36	Other (specify):*											36
37	TOTAL Ownership			358,195	358,195		358,195	(27,816)	330,379			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		62,036		62,036		62,036		62,036			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			57,487	57,487		57,487		57,487			42
43	Other (specify):* Nonallowable costs	155,540		29,216	184,756		184,756	(184,756)				43
44	TOTAL Special Cost Centers	155,540	62,036	86,703	304,279		304,279	(184,756)	119,523			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	3,507,264	494,634	2,028,147	6,030,045		6,030,045	(613,753)	5,416,292			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**See schedule of adjustments attached at end of cost report

VI. ADJUSTMENT DETAIL A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.
In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(28,602)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(4,312)	30		9
10	Interest and Other Investment Income	(23,504)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(12,375)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule <u>See Schedule 5A</u>	(52,174)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (120,967)		\$	30

OHF USE ONLY							
48		49		50		51	52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(492,786)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (492,786)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (613,753)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

NAME OF FACILITY

PROVIDER #

Period Ending

Snyder Village

0033647

12/31/01

Schedule 5A

VI. ADJUSTMENT DETAIL

NON-ALLOWABLE EXPENSES

LINE 29 - Other

Description	Amount	Schedule V
		Reference
Lab/X Ray	(4,605)	43
Promotional Advertising	(3,060)	43
Supplies Development	(2,250)	43
Flowers	(1,038)	43
Golf Outing	(5,035)	43
Car Show	(853)	43
Legal Fees	150	19
Deferred Maintenance	(1,120)	6
Marketing Salaries	(17,306)	43
SHAWL Salaries	(642)	43
Non-allowable Travel	(478)	24
Housekeeping Income	(913)	3
Miscellaneous Income	(1,387)	21
Washburn Fees	(13,637)	10
Total	(52,174)	

See Accountants' Compilation Report

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line
		Reference	
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49

Summary A

12/31/01

[illegible]

Summary B

12/31/01

[illegible]

Facility Name & ID Number Snyder Village

0033647

Report Period Beginning:

01/01/01

Ending:

12/31/01

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See attached Schedule 6A				Snyder Village		
				Retirement	Metamora	Retirement
				Community		Community

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	1	Dietary Expenses	\$ 9,899	Snyder Village Retirement Community		\$	\$ (9,899)	1
2	V	2	Food	7,071	Snyder Village Retirement Community			(7,071)	2
3	V	3	Housekeeping Expenses	21,711	Snyder Village Retirement Community			(21,711)	3
4	V	6	Maintenance Expenses	169,021	Snyder Village Retirement Community			(169,021)	4
5	V	10	Nursing Expenses	19,278	Snyder Village Retirement Community			(19,278)	5
6	V	11	Activities Expenses	49,508	Snyder Village Retirement Community			(49,508)	6
7	V	17	Administrator	5,719	Snyder Village Retirement Community			(5,719)	7
8	V	21	Other Administrative Exp.	18,256	Snyder Village Retirement Community			(18,256)	8
9	V	22	Employee Benefits	54,731	Snyder Village Retirement Community			(54,731)	9
10	V	43	Retirement Community	75,216	Snyder Village Retirement Community			(75,216)	10
11	V	43	SHAWL	62,376	Snyder Village Retirement Community			(62,376)	11
12	V								12
13	V								13
14	Total			\$ 492,786			\$	\$ * (492,786)	14

*** Total must agree with the amount recorded on line 34 of Schedule VI.**

SEE ACCOUNTANTS' COMPILATION REPORT

NAME OF FACILITY	Snyder Village
PROVIDER #	0033647
Period Ending	12/31/01

VI. Related Parties	Schedule 6A
Board of Directors	

Marvin Smith, President

Robert Harbers, Vice President

Kevin Rauh, Treasurer

Harry Packman, Secretary

Mary Ann Bachman, Director

Christie Barrow, Director

Walt Goetz, Director

Henry Huser, Director

Marge Mason, Director

Loy Sloan, Director

Note: No board member nor entity owned by board member provided services or supplies to the facility

See Accountants' Compilation Report

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2	N/A										2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Commerce Bank		x	Building	\$77,134.00	08/01/87	\$ 1,750,000	\$ 835,620	08/01/12	0.0611	\$ 57,556	1	
2	CDAP Village Metamora		x	Building	\$14,648.00	08/01/87	200,000	25,597	07/01/04	0.0300	1,022	2	
3	CDAP Village Metamora		x	Building	\$3,029.00	02/02/97	50,000	29,166	01/01/09	0.0300	927	3	
4	Commerce Bank		x	Construction	\$53,405.00	02/01/01	500,000	320,870	12/31/03	0.0815	20,995	4	
5	From Schedule 9A				\$79,925.00		2,248,000	1,272,449			77,449	5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related				\$228,141.00		\$ 4,748,000	\$ 2,483,702			\$ 157,949	9	
	B. Non-Facility Related*												
10												10	
11	Interest Income Offset										(23,504)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (23,504)	14	
15	TOTALS (line 9+line14)						\$ 4,748,000	\$ 2,483,702			\$ 134,445	15	

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

FACILITY NAME

Snyder Village

PROVIDER #

0033647

Period Ending

12/31/01

SCHEDULE 9A

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

Name of Lender	Related		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
	YES	NO				Original	Balance			
A. Directly Facility Related										
Long-Term										
Commerce Bank		x	Construction	\$ 45,884.00	Various	\$ 1,700,000	\$ 882,922	Various	Various	\$ 57,597
Commerce Bank		x	Building	\$ 15,993.00	12/1/97	264,000	153,996	1/1/09	0.0300	4,897
Gift Annuity		x		\$ 15,370.00	Various	84,000	60,514	Various	0.0700	5,583
CDAP Village of Metamora		x	New construction	\$ 791.00	11/1/00	100,000	94,618	10/1/15	0.0500	4,857
Woodford County		x	New construction	\$ 1,887.00	12/1/00	100,000	80,399	11/1/05	0.0500	4,515
Working Capital										
TOTAL Facility Related				\$ 79,925.00		\$ 2,248,000	\$ 1,272,449			\$ 77,449
B. Non-Facility Related										
						\$	\$			\$
TOTAL Non-Facility Related						\$	\$			\$

See Accountants' Compilation Report

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	2
3. Under or (over) accrual (line 2 minus line 1).			\$	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:		1996 8 1997 9 1998 10 1999 11 2000 12	FOR OHF USE ONLY	
			13 FROM R. E. TAX STATEMENT FOR 2000 \$	13
			14 PLUS APPEAL COST FROM LINE 5 \$	14
			15 LESS REFUND FROM LINE 6 \$	15
			16 AMOUNT TO USE FOR RATE CALCULATION \$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.

2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

Snyder Village

COUNTY

Woodford

FACILITY IDPH LICENSE NUMBER

0033647

CONTACT PERSON REGARDING THIS REPORT

Keith Swartzentruber

TELEPHONE (309) 367-4300

FAX #: (309) 367-2235

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2000

	(A)	(B)	(C)	(D)
	Tax Index Number	Property Description	Total Tax	<u>Tax</u> Applicable to Nursing Home
1.			\$	\$
2.			\$	\$
3.		N/A	\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$	\$

B. **Real Estate Tax Cost Allocation:**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill whic is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 36,870 B. General Construction Type: Exterior Brick Frame Wood & Steel Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable).
Snyder Village Retirement Community Apartments - 41 Apartments at 38,793 Square Feet
Snyder Village Retirement Community Cottages - 138 Cottages at 331,200 Square Feet

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

1		2		3		4	
A. Land.		Use	Square Feet	Year Acquired	Cost		
1	Facility		155,422	1987	\$ 43,000	1	
2	Facility			2001	1,300	2	
3	TOTALS		155,422		\$ 44,300	3	

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	61		1998	1988	\$ 1,929,231	\$ 42,872	45	\$ 42,872	\$	\$ 578,770	4
5			1992	1992	127,495	2,833	45	2,833		27,152	5
6			1992	1992	33,830	1,353	25	1,353		12,404	6
7	18		1994	1994	600,872	13,353	45	13,353		104,596	7
8	26		1994	1994	1,256,597	27,924	45	27,924		197,798	8
	Improvement Type**										
9	Fire Control System			1989	5,152	258	20	258		3,156	9
10	Century Tub			1989	7,694		10			7,694	10
11	Asphalt			1990	1,820	91	20	91		1,047	11
12	Alzheimer's courtyard			1990	3,644		10			3,644	12
13	Heat Exchange			1990	1,650		10			1,650	13
14	Tub			1991	1,465	49	10	49		1,465	14
15	Door Locks			1991	1,400	70	20	70		706	15
16	Door Locks			1992	1,200	60	20	60		585	16
17	Patio			1992	1,219	122	10	122		1,168	17
18	Entrance Light			1993	619	62	10	62		532	18
19	Land Improvement			1994	25,546	1,277	20	1,277		9,047	19
20	Services Windows			1995	198,184	4,481	45	4,404	(77)	28,626	20
21	Landscaping			1994	8,221	692	20	411	(281)	2,672	21
22	Canopy			1995	1,102	55	20	55		335	22
23	Electrical Maintenance			1995	595	40	15	40		251	23
24	Door Locks			1995	505	34	15	34		216	24
25	Front Canopy			1996	44,780	999	45	995	(4)	4,478	25
26	Tower			1996	7,360	368	20	368		2,085	26
27	Door Open			1996	3,344	334	10	334		1,783	27
28	Landscaping			1997	1,500	75	20	75		338	28
29	Front Door Wiring			1997	1,396	70	20	70		337	29
30	Kelly Glass			1998	3,527	176	20	176		705	30
31	MTCO Phone System			1998	10,865	757	25	435	(322)	1,522	31
32	Carpet			1998	15,719	1,572	10	1,572		4,978	32
33	Heater			1999	1,784	178	10	178		490	33
34	Security Camera			1999	2,510	167	15	167		502	34
35	Motion Detector			1999	790		10	79	79	237	35
36	Shelving			1999	673		10	67	67	201	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Automatic Door Open	2000	\$ 5,449	\$	15	\$ 363	\$ 363	\$ 545	37
38	Blacktop	2000	21,736	1,087	20	1,087		1,177	38
39	Sunroom	2000	86,294	1,920	45	1,918	(2)	2,877	39
40	Generator	2000	35,213	1,810	20	1,761	(49)	2,641	40
41	Time Clock	2000	7,789	1,558	5	1,558		2,856	41
42	Motion Detector	2000	5,716	572	10	572		952	42
43	Office Expansion	2001	759,951	12,530	45	8,444	(4,086)	8,444	43
44	Sunroom Addition	2001	11,315	1,132	10	1,132		1,132	44
45	Tower Addition	2001	5,640	329	10	329		329	45
46	Automatic Door Open	2001	2,545	42	10	42		42	46
47	Carpet	2001	3,529	59	10	59		59	47
48	Nursing Office Addition	2001	4,943	185	20	185		185	48
49	Blacktop	2001	12,054	101	20	101		101	49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,264,463	\$ 121,647		\$ 117,335	\$ (4,312)	\$ 1,022,510	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 393,761	\$ 54,315	\$ 54,315	\$	Various	\$ 275,575	71
72	Current Year Purchases	66,009	5,949	5,949		Various	5,949	72
73	Fully Depreciated Assets	281,040				Various	281,040	73
74								74
75	TOTALS	\$ 740,810	\$ 60,264	\$ 60,264	\$		\$ 562,564	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Care	1985 Ford Van	1991	\$ 3,130	\$	\$	\$	3	\$ 3,130	76
77	Resident Transportation	1994 Van	1994	47,025	4,703	4,703		10	34,093	77
78	Resident Transportation	1996 Van	1996	51,573	5,157	5,157		10	26,216	78
79	See Schedule 13A			38,625	7,725	7,725		Various	25,977	79
80	TOTALS			\$ 140,353	\$ 17,585	\$ 17,585	\$		\$ 89,416	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,189,926	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 199,496	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 195,184	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (4,312)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,674,490	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	Building Improvement CIP	\$ 20,319	92
93			93
94			94
95		\$ 20,319	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)									
	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6		
37	Purchased in Prior Years	\$		\$	\$ 0		\$		37
38	Current Year Purchases				0				38
39	Fully Depreciated Assets				0				39
40					0				40
41	TOTALS	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0		41

D. Vehicle Depreciation (See instructions.)*										
	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Resident Care	1992 Truck	1997	\$ 16,367	\$ 3,273	\$ 3,273	\$ 0	10	\$ 15,276	42
43	Maintenance Use	1999 Tate Truck	1999	6,850	1,370	1,370	0	5	3,767	43
44	Maintenance Use	1999 Grimm Truck	1999	15,408	3,082	3,082	0	5	6,934	44
45							0			45
46	TOTALS			\$ 38,625	\$ 7,725	\$ 7,725	\$ 0		\$ 25,977	46

E. Summary of Care-Related Assets				1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)			\$	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)			\$	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)			\$	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)			\$	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)			\$	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)					
	1	2	Current Book	Accumulated	
	Description & Year Acquired	Cost	Depreciation 3	Depreciation 4	
52		\$	\$	\$	52
53					53
54					54
55					55
56					56
57	TOTALS	\$	\$	\$	57

G. Construction-in-Progress			
	Description	Cost	
58		\$	58
59			59
60			60
61		\$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions.
- ☐ YES
- ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease

9. Option to Buy:
- ☐ YES
- ☐ NO
- Terms:
- *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
- ☐ YES
- ☒ NO

16. Rental Amount for movable equipment: \$750
- Description: Postage Meter
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18			N/A		18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending

Annual Rent

12. /2002 \$
13. /2003 \$
14. /2004 \$

* If there is an option to buy the building,
please provide complete details on attached
schedule.

** This amount plus any amortization of lease
expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?

☒ YES

☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM☒

IN OTHER FACILITY☐

COMMUNITY COLLEGE☐

HOURS PER AIDE80

3. CLINICAL PORTION:

IN-HOUSE PROGRAM☒

IN OTHER FACILITY☐

HOURS PER AIDE40

B. EXPENSES

ALLOCATION OF COSTS (d)

		12		3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	4,720	\$	4,720
2	Books and Supplies		997		997
3	Classroom Wages (a)		24,334		24,334
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)		6,085		6,085
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests		1,220		1,220
9	TOTALS	\$	37,356	\$	37,356
10	SUM OF line 9, col. 1 and 2 (e)	\$	37,356		

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$None

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	26
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	4
2. From other facilities (f)	
TOTAL TRAINED	30

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.

(c) For in-house training programs only. Do not include fringe benefits.

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.

(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist				L10a, C 2,3	hrs	\$	1,280	\$ 48,212	\$ 268
2	Licensed Speech and Language Development Therapist	L10a, C3	hrs		140	8,328		140	8,328	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10a, C 2,3	hrs		2,312	83,670	1,461	2,312	85,131	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C 2	# of prescripts				62,036		62,036	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$	3,732	\$ 140,210	\$ 63,765	3,732	\$ 203,975	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 700,876	\$ 700,876	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 20,000)	444,599	444,599	3
4	Supply Inventory (priced at)	25,780	25,780	4
5	Short-Term Investments	5	5	5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	22,584	22,584	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,193,844	\$ 1,193,844	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	475,512	475,512	12
13	Land	44,300	44,300	13
14	Buildings, at Historical Cost	5,267,838	5,264,463	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	881,163	881,163	16
17	Accumulated Depreciation (book methods)	(1,684,829)	(1,674,490)	17
18	Deferred Charges		1,120	18
19	Organization & Pre-Operating Costs			19
	Accumulated Amortization -			
20	Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (spe CIP	20,319	20,319	22
23	Other(specify): Resident Endowment	110,094	110,094	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,114,397	\$ 5,122,481	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,308,241	\$ 6,316,325	25

SEE ACCOUNTANTS' COMPILATION REPORT

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 94,204	\$ 94,204	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	239,191	239,191	30
	Accrued Taxes Payable (excluding real estate taxes)	36,648	36,648	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See Schedule 17A	157,462	157,462	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 527,505	\$ 527,505	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	2,483,702	2,483,702	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 2,483,702	\$ 2,483,702	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,011,207	\$ 3,011,207	46
47	TOTAL EQUITY(page 18, line 24)	\$ 3,297,034	\$ 3,305,118	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 6,308,241	\$ 6,316,325	48

FACILITY NAME

PROVIDER #

Period Ending

Snyder Village

0033647

12/31/01

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.
C. Current Liabilities

Other Current Liabilities (specify):	After	
	Operating	Consolidation
Workmen's Compensation	5,254	5,254
Annuity Withholding	1,553	1,553
Wage Garnishment Withholding	993	993
Employee Credit Union Withholding	1,004	1,004
Miscellaneous PR Deduction	52	52
Unemployment Insurance	7,934	7,934
Employee Pension Plan	121,211	121,211
Health Insurance Reserve	21,150	21,150
Dental Insurance	(1,458)	(1,458)
Life Insurance	(231)	(231)
Total Line 36 - Other Current Liabilities(specify):	157,462	157,462

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 3,374,761	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 3,374,761	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(77,727)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (77,727)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 3,297,034	24 *

Operating entity only

* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required

classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 4,895,282	1
2	Discounts and Allowances for all Levels	(413,477)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 4,481,805	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	377,543	6
7	Oxygen	75,307	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 452,850	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	1,865	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	3,613	13
14	Non-Patient Meals	28,602	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	128,390	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray	6,907	20
21	Other Medical Services	143,425	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 312,802	23
	D. Non-Operating Revenue		
24	Contributions	112,714	24
25	Interest and Other Investment Income***	23,504	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 136,218	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Schedule 19A	568,643	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 568,643	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,952,318	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,167,953	31
32	Health Care	3,047,946	32
33	General Administration	1,151,672	33
	B. Capital Expense		
34	Ownership	358,195	34
	C. Ancillary Expense		
35	Special Cost Centers	246,792	35
36	Provider Participation Fee	57,487	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,030,045	40
41	Income before Income Taxes (line 30 minus line 40)**	(77,727)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (77,727)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A If not, please attach a reconciliation.
This entity is Tax Exempt

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

**** Provide a detailed breakdown of "Other Revenue" on an attached sheet.

FACILITY NAME

PROVIDER #

Period Ending

Snyder Village

0033647

12/31/01

Schedule 19A

XVII. INCOME STATEMENT

Revenue

E. Other Revenue (specify):	Amount
Admission Fee	6,200
Administration Fee	103,266
SHAWL	62,376
Social Recreation	38,516
Dietary	19,047
Transportation	21,634
Maintenance	199,128
Supportive Health	22,890
Housekeeping Fee	25,929
Washburn Fee	13,637
Vending Machine	4,122
Van	7,323
Auction	41,850
Miscellaneous	2,725
Total Line 28 - Other Revenue (specify):	568,643

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,873	2,124	\$ 47,768	\$ 22.49	1
2	Assistant Director of Nursing					2
3	Registered Nurses	25,830	29,002	542,715	18.71	3
4	Licensed Practical Nurses	13,618	14,715	209,021	14.20	4
5	Nurse Aides & Orderlies	101,831	111,754	1,143,928	10.24	5
6	Nurse Aide Trainees	2,166	2,377	24,334	10.24	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	5,246	5,636	57,868	10.27	8
9	Activity Director					9
10	Activity Assistants	13,471	14,672	123,367	8.41	10
11	Social Service Workers	6,206	6,697	69,834	10.43	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	28,874	31,341	253,674	8.09	15
16	Dishwashers					16
17	Maintenance Workers	19,689	21,011	215,818	10.27	17
18	Housekeepers	19,547	21,039	181,551	8.63	18
19	Laundry	9,848	10,694	84,421	7.89	19
20	Administrator	1,817	2,091	59,100	28.26	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,889	2,098	29,799	14.20	23
24	Clerical	8,969	9,663	96,966	10.03	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health CaSee Sch 20A	13,055	14,459	211,560	14.63	32
33	Other(specify) See Sch 20A	12,497	13,286	155,540	11.71	33
34	TOTAL (lines 1 - 33)	286,426	312,659	\$ 3,507,264 *	\$ 11.22	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	171	\$ 7,080	L 1, C 3	35
36	Medical Director				36
37	Medical Records Consultant	Monthly	640	L10, C 3	37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	900	L 10, C 3	39
40	Physical Therapy Consultant	257	8,331	L 10a, C 3	40
41	Occupational Therapy Consultant	175	4,917	L 10a, C 3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	14	574	L 11, C 3	44
45	Social Service Consultant	21	840	L 12, C 3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	638	\$ 23,282		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,441	\$ 79,589	L 10, C 3	50
51	Licensed Practical Nurses	1,064	29,545	L 10, C 3	51
52	Nurse Aides	10,512	189,653	L 10, C 3	52
53	TOTAL (lines 50 - 52)	14,017	\$ 298,787		53

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

FACILITY NAME **Snyder Village**
PROVIDER # **0033647**
Period Ending **12/31/01**

Schedule 20A

XVIII. STAFFING AND SALARY COSTS
 LINE 32 - Other Health Care (specify)

	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage
Resident Care Coordinator	3,216	3,747	\$ 73,527	\$ 19.62
Ward Clerk	4,859	5,245	43,003	8.20
Admission	1,653	1,812	34,863	19.24
CNA Trainer	274	313	6,085	19.44
Aide Supervisor	1,745	1,901	37,472	19.71
Health Support Nurse	273	325	6,851	21.08
Volunteer Coordinator	1,035	1,116	9,759	8.74
Total Line 32 - Other Health Care	13,055	14,459	\$ 211,560	\$ 14.63

 LINE 33 - Other (specify)

Retirement Community	4,158	4,452	75,216	16.89
SHAWL	6,661	7,030	63,018	8.96
Marketing & Development	1,678	1,804	17,306	9.59
	12,497	13,286	155,540	11.71

See Accountants' Compilation Report

Facility Name & ID Number Snyder Village

XIX. SUPPORT SCHEDULES

[illegible]

*** Attach copy of IMRF notifications
SEE ACCOUNTANTS' COMPILATION REPORT**

****See instructions.**

Facility Name

Snyder Village

PROVIDER #

0033647

Period Ending

12/31/01

Schedule 21C

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)

42,995

Davis & Campell L.L.C. Legal

150

0

Total (agree to Schedule V, line 19, column 8)

43,145

See Accountants' Compilation Report

Provider I.D. #		0033647		
Year End		12/31/01		
In State Travel				
SEE ACCOUNTANTS' COMPILATION REPORT				
Person	Title	Date		Cost
Attending		Attended		
HEATHER BAKER	ACTIVITIES	Various	Mileage Reimb.	91.84
JULIE BEAGLE	MARKETING/DEVELOPMENT	Various	Mileage Reimb. (A)	81.48
AMANDA BOLEY	ASSISTED LIVING	Various	Mileage Reimb. (B)	6.40
JANE CLARK	HOUSEKEEPING	Various	Mileage Reimb.	46.08
LAUREN CORDES	ACTIVITY DIRECTOR	Various	Mileage Reimb.	230.08
MARGE CUNNINGHAM	SOCIAL SERVICE DESIGNEE	Various	Mileage Reimb.	464.10
LINDA DECKER	CERTIFIED NURSES AIDE	Various	Mileage Reimb.	11.20
CHARLOTTE FELMEY	HOUSEKEEPING	Various	Mileage Reimb.	12.80
KRISTS FORSYTHE	WELLSPRING COORDINATOR	Various	Mileage Reimb.	143.36
PAULA FOX	HOUSEKEEPING	Various	Mileage Reimb.	232.32
LUANNA FUCHS	ADMISSIONS NURSE	Various	Mileage Reimb.	59.20
BRENDA GARMAN	WARD CLERK	Various	Mileage Reimb.	69.12
MARILYN GRUBE	CERTIFIED NURSES AIDE	Various	Mileage Reimb.	60.80
BECKY HAUSER	LAUNDRY/HOUSEKEEPING DIR.	Various	Mileage Reimb.	11.52
LIZ HENDRIX	CERTIFIED NURSES AIDE	Various	Mileage Reimb.	5.76
DIANE HILTON	OFFICE MANAGER	Various	Mileage Reimb.	37.20
TAMATHA HUTTON	RN	Various	Mileage Reimb.	5.76
MELISSA JACOBY	ASSISTED LIVING DIRECTOR	Various	Mileage Reimb. (B)	160.64
KAREN JORDING	DON	Various	Mileage Reimb.	112.80
KATHRYN KOCH	ASSISTED LIVING DEPT	Various	Mileage Reimb. (B)	19.20
BEV KRUMWIEDE	ACTIVITIES	Various	Mileage Reimb.	61.44
JAMIE LIBBOTTE	NURSING ADMINISTRATIVE	Various	Mileage Reimb.	144.00
MARCI MALEC	SOCIAL SERVICE AIDE	Various	Mileage Reimb.	215.86
JERRA NIMMO	ACTIVITIES	Various	Mileage Reimb.	212.58
PAT NOLL	DIETARY DIRECTOR	Various	Mileage Reimb.	126.08
SHERRY NORCUTT	CERTIFIED NURSES AIDE	Various	Mileage Reimb.	10.56
SCOTT SAATHOFF	RETIREMENT MANAGER	Various	Mileage Reimb. (C)	122.08
KIM SASSO	SOCIAL SERVICE AIDE	Various	Mileage Reimb.	89.28
RALPH SCHROCK	MAINTENANCE	Various	Mileage Reimb.	110.24
JOLENE SCHUPP	RE TIREMENT ACTIVITIES DIR.	Various	Mileage Reimb. (C)	88.80
MARY SNYDER	BOOKKEEPING	Various	Mileage Reimb.	5.76
BOB STEIDER	HOUSEKEEPING	Various	Mileage Reimb.	6.40
KEITH SWARTZENTRUBER	ADMINISTRATOR	Various	Mileage Reimb.	395.83
SANDY VANDEVEER	HUMAN RESOURCES	Various	Mileage Reimb.	122.24
JANE WASHER	CERTIFIED NURSES AIDE	Various	Mileage Reimb.	22.40
TOTAL		Line 24 Column 3		3,595.21
Non-Allowable Mileage				
Marketing/Development Department		(A)		(81.48)
Assisted Living Department		(B)		(186.24)
Retirement Manager		(C)		(210.88)
Allowable Mileage Cost		Line 24 Column 8		3,116.61

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1	Carpentry	May 2001	\$ 1,244	5	\$	\$	\$	\$ 124	\$ 249	\$ 249	\$ 249	\$ 249	\$ 124
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 1,244		\$	\$	\$	\$ 124	\$ 249	\$ 249	\$ 249	\$ 249	\$ 124

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS

#0033647

Report Period Beginning:01/01/01

Ending:12/31/01

Page 23

Facility Name & ID Number

Snyder Village

XX. GENERAL INFORMATION:

(1)

Are nursing employees (RN,LPN,NA) represented by a union?

No

(2)

Are there any dues to nursing home associations included on the cost report?
If YES, give association name and amount.

Yes
Life Services Network - \$4,482

(3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

No
N/A

(4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

No
N/A

(5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

Yes
5.43 years

(6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$22,766

Line10

(7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

Yes

(8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

No
N/A

(9)

Are you presently operating under a sublease agreement?

YES

x

NO

(10)

Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)?
YES
NO
If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

x
N/A

(11)

Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period.
This amount is to be recorded on line 42 of Schedule V.

\$57,487

(12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

No

(13)

Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V?

Yes

(14)

Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B?
For example, is a portion of the building used for rental, a pharmacy, day care, etc.)
If YES, attach a schedule which explains how all related costs were allocated to these functions.
Therapy Cost is reflected on Line 10a.

Yes

(15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.
Has any meal income been offset against related costs?

\$N/A

Yes

Indicate the amount.

\$28,602

(16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

No

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

No

\$N/A

c.

What percent of all travel expense relates to transportation of nurses and patients?

0

d.

Have vehicle usage logs been maintained?

Adequate Records are Maintained

e.

Are all vehicles stored at the nursing home during the night and all other times when not in use?

Yes

f.

Has the cost for commuting or other personal use of autos been adjusted out of the cost report?

N/A

g.

Does the facility transport residents to and from day training?
Indicate the amount of income earned from providing such transportation during this reporting period.

No

\$N/A

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:
The instructions for the cost report require that a copy of this audit be included with the cost report.
Has this copy been attached?

Yes

Heinold-Banwart, Ltd

Yes

If no, please explain.

(18)

Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V?

Yes

(19)

If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report?
Attach invoices and a summary of services for all architect and appraisal fees.

Yes

SEE ACCOUNTANTS' COMPILATION REPORT

	Salaries	Supplies	Other	Total	Reclass- ifications	Reclassified Total	Adjusted Adjustmen	Adjusted Total
1. Dietary	253,674	7,697	12,568	273,939	0	273,939	-9,899	264,040
2. Food Purchase	0	195,676	0	195,676	0	195,676	-35,673	160,003
3. Housekeeping	181,551	28,840	1,306	211,697	0	211,697	-22,624	189,073
4. Laundry	84,421	16,304	610	101,335	0	101,335	0	101,335
5. Heat and Other Utilities	0	0	110,818	110,818	0	110,818	0	110,818
6. Maintenance	215,818	22,391	36,279	274,488	0	274,488	-170,141	104,347
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	735,464	270,908	161,581	1,167,953	0	1,167,953	-238,337	929,616
9. Medical Director	0	0	0	0	0	0	0	0
10. Nursing & Medical Records	2,139,148	141,229	305,836	2,586,213	0	2,586,213	-32,915	2,553,298
10a. Therapy	57,868	1,729	153,458	213,055	0	213,055	0	213,055
11. Activities	133,126	6,457	725	140,308	0	140,308	-49,508	90,800
12. Social Services	69,834	245	935	71,014	0	71,014	0	71,014
13. Nurse Aide Training	30,419	997	5,940	37,356	0	37,356	0	37,356
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	2,430,395	150,657	466,894	3,047,946	0	3,047,946	-82,423	2,965,523
17. Administrative	59,100	0	0	59,100	0	59,100	-5,719	53,381
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	42,995	42,995	0	42,995	150	43,145
20. Fees, Subscriptions & Promotion	0	0	21,772	21,772	0	21,772	0	21,772
21. Clerical & General Office	126,765	11,033	50,845	188,643	0	188,643	-19,643	169,000
22. Employee Benefits & Payroll	0	0	794,578	794,578	0	794,578	-54,731	739,847
23. Inservice Training & Education	0	0	2,660	2,660	0	2,660	0	2,660
24. Travel and Seminar	0	0	8,194	8,194	0	8,194	-478	7,716
25. Other Admin. Staff Trans	0	0	4,881	4,881	0	4,881	0	4,881
26. Insurance-Prop.Liab.Malpractice	0	0	28,849	28,849	0	28,849	0	28,849
27. Other (specify)*	0	0	0	0	0	0	0	0
28. Total General Adminis	185,865	11,033	954,774	1,151,672	0	1,151,672	-80,421	1,071,251
29. Total General Administrative	3,351,724	432,598	1,583,249	5,367,571	0	5,367,571	-401,181	4,966,390
30. Depreciation	0	0	199,496	199,496	0	199,496	-4,312	195,184
31. Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32. Interest	0	0	157,949	157,949	0	157,949	-23,504	134,445
33. Real Estate	0	0	0	0	0	0	0	0
34. Rent - Facility & Grounds	0	0	0	0	0	0	0	0
35. Rent - Equipment & Vehicles	0	0	750	750	0	750	0	750
36. Other (specify):*	0	0	0	0	0	0	0	0
37. Total Ownership	0	0	358,195	358,195	0	358,195	-27,816	330,379
38. Medically Necessary T	0	0	0	0	0	0	0	0
39. Ancillary Service Cent	0	62,036	0	62,036	0	62,036	0	62,036
40. Barber and Beauty Shop	0	0	0	0	0	0	0	0
41. Coffee and Gift Shops	0	0	0	0	0	0	0	0
42. Provider Participation	0	0	57,487	57,487	0	57,487	0	57,487
43. Other (specify):*	155,540	0	29,216	184,756	0	184,756	-184,756	0
44. Total Special Cost Ce	155,540	62,036	86,703	304,279	0	304,279	-184,756	119,523
45. Grand Total	3,507,264	494,634	2,028,147	6,030,045	0	6,030,045	-613,753	5,416,292

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	700,876	700,876
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	444,599	444,599
4. Supply Inventory	25,780	25,780
5. Short-Term Investments	5	5
6. Prepaid Insurance	0	0
7. Other Prepaid Expenses	22,584	22,584
8. Accounts Receivable-Owner/Related Party	0	0
9. Other (specify):	0	0
10. Total current assets	1,193,844	1,193,844
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	475,512	475,512
13. Land	44,300	44,300
14. Buildings, at Historical Cost	5,267,838	5,264,463
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	881,163	881,163
17. Accumulated Depreciation (book methods)	-1,684,829	-1,674,490
18. Deferred Charges	0	1,120
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	20,319	20,319
23. other (specify):	110,094	110,094
24. Total Long-Term Assets	5,114,397	5,122,481
25. Total Assets	6,308,241	6,316,325
CURRENT LIABILITIES		
26. Accounts Payable	94,204	94,204
27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	239,191	239,191
31. Accrued Taxes Payable	36,648	36,648
32. Accrued Real Estate Taxes	0	0
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	157,462	157,462
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	527,505	527,505
LONG TERM LIABILITES		
39. Long-Term Notes Payable	2,483,702	2,483,702
40. Mortgage Payable	0	0
41. Bonds Payable	0	0
42. Deferred Compensation	0	0
43. Other Long-Term Liabilities (specify):	0	0
44. Other Long-Term Liabilities (specify):	0	0
45. Total Long-Term Liabilities	2,483,702	2,483,702
46. Total Liabilities	3,011,207	3,011,207
47. Total Equity	3,297,034	3,305,118
48. Total Liabilities and Equity	6,308,241	6,316,325

	Balance per
	Medicaid
	Trial Balance
1. Gross Revenue - All levels of Care	4,895,282
2. Discounts and Allowances for all Levels	-413,477
Subtotal - Inpatient Care	4,481,805
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	377,543
7. Oxygen	75,307
Subtotal - Ancillary Revenue	452,850
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	1,865
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	3,613
14. Non-Patient Meals	28,602
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	128,390
18. Sale of Supplies to Non-Patients	0
19. Laboratory	0
20. Radiologyand X-Ray	6,907
21. Other Medical Services	143,425
22. Laundry	0
Subtotal - Other Operating Revenue	312,802
24. Contributions	112,714
25. Interest and Other Investments Income	23,504
Subtotal - Non-Operating Revenue	136,218
27. Other Revenue (specify):	568,643
28. Other Revenue (specify):	0
Subtotal - Other Revenue	568,643
30. Total Revenue	5,952,318
31. General Services	680,120
32. Health Care	1,154,988
33. General Administration	668,561
34. Ownership	144,710
35. Special Cost Centers	60,174
35. Provider Participation Fee	41,063
37. Other	0
40. Total Expenses	2,749,616
41. Income Before Income Taxes	3,202,702
42. Income Taxes	0
43. Net Income or Loss for the Year	3,202,702

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10 Attachment of Real Estate Bill and fill out form

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12 P12 does not show totals, it carries to P12a, therefore P12a must always be attached

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19 The bottom right side of page under **, you must write in any comments

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RECONCILIATION REPORT

Snyder Village

11:08 AM 11/08/05

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB- SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB- SCHED.	LINE NO.	COL. NO.
Adjustment Detail	-613,753	equal to	-613,753	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	134,445	equal to	134,445	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	195,184	equal to	195,184	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	750	equal to	750	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	37,356	equal to	37,356	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages		equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	155,187	equal to	213,055	-57,868	FAILED	Pg16 Z12+Z14...	N/A/B	1-4,40-43	8;2	Pg3 H20	N/A	10a	4
Special Serv.- Supplies	63,765	equal to	63,765	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,167,953	equal to	1,167,953	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	3,047,946	equal to	3,047,946	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	1,151,672	equal to	1,151,672	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	358,195	equal to	358,195	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	246,792	equal to	246,792	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+†	N/A	38to41+43	4
Income Stat. Prov. Partic.	57,487	equal to	57,487	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	1,943,432	equal to	2,139,148	-195,716	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	24,334	< or = to	30,419	-6,085	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	0	equal to		0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	123,367	equal to	133,126	-9,759	FAILED	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	69,834	equal to	69,834	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	253,674	equal to	253,674	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	215,818	equal to	215,818	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	181,551	equal to	181,551	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	84,421	equal to	84,421	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	59,100	equal to	59,100	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	126,765	equal to	126,765	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	3,507,264	equal to	3,507,264	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	7,080	< or = to	12,568	-5,488	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	0	< or = to		0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	300,327	< or = to	305,836	-5,509	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	574	< or = to	725	-151	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	840	< or = to	935	-95	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	59,100	equal to	59,100	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other		equal to		0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	42,995	equal to	42,995	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	739,847	equal to	739,847	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	21,772	equal to	21,772	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	7,716	equal to	7,716	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	57,487	equal to	57,487	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	N/A	< or = to	-54,731	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	N/A	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	30,419	equal to	30,419	0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	2,689	equal to	2,689	0	O.K.	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	-492,786	equal to	-492,786	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4†	B.	14	8
Total loan balance	2,483,702	equal to	2,483,702	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	0	equal to		0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	44,300	equal to	44,300	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	5,264,463	equal to	5,264,463	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	881,163	equal to	881,163	0	O.K.	Pg13 O22+L13	C. & D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	1,674,490	equal to	1,674,490	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	3,297,034	equal to	3,297,034	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	-77,727	equal to	-77,727	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	1,120	equal to	1,120	0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	6,308,241	equal to	6,308,241	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1